

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

APPLICANT(S) **572408**

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50			/	/		
TOTAL IND.	5	↓	3	↓		↓
TOTAL DEP.	33	←	30	←		←
TOTAL CLAIMS	38		33			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						